

**City of Savannah — Revenue Department**  
132 E. Broughton St. P O Box 1228 Savannah, GA 31402-1228 (912) 651-6445

**SAINT PATRICK'S BUSINESS TAX RETURN**

Account No. \_\_\_\_\_ Calendar Year 2010 NAICS No. 5956

Tax Class A Classification FIXED LOCATION VENDOR PIN \_\_\_\_\_

*Application must be fully completed before processing.. Please Type or Print with Ballpoint Pen. All tax certificates expires on March 17<sup>th</sup> of the year issued. Report any change of location/mailling address promptly to Business Tax Department. Information on reverse side of application.*

1. Have you ever operated a Business in the City of Savannah? ☐ Yes ☐ No      2. Today's Date \_\_\_\_\_

3. Corporation Name \_\_\_\_\_ 4. Business Address (Physical location) \_\_\_\_\_

5. Trade Name if Different Than Line 3 (DBA) \_\_\_\_\_ 6. Mailing Address \_\_\_\_\_

7. Business Telephone No. \_\_\_\_\_ Contact No. \_\_\_\_\_ Cell No. \_\_\_\_\_

8. Contact Person: \_\_\_\_\_ 9. E-Mail Address: \_\_\_\_\_

10. Owner - Personal Information:  
Name \_\_\_\_\_ Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Sec. No. \_\_\_\_\_

11. Dominant Business: \_\_\_\_\_

Other Business Activities Performed: \_\_\_\_\_

12. Federal Tax ID# \_\_\_\_\_ State Tax ID \_\_\_\_\_  
*\*If required. Application will be returned if not provided\** *\*If required. Application will be returned if not provided\**

13. Estimated Gross Revenue from Start Date \_\_\_\_\_ 14. Business Tax from Schedule  
of New Business to March 17th. \_\_\_\_\_

\_\_\_\_\_ Total Due \$ \_\_\_\_\_  
Confidential

15. Describe how you determined the gross receipts bracket entered on line 11.  
\_\_\_\_\_

16. I HEREBY REGISTER THE HEREIN NAME BUSINESS TO OPERATE WITHIN THE CITY OF SAVANNAH, AND CERTIFY THAT I AM THE PERSON AUTHORIZED BY THIS BUSINESS TO FILE THIS RETURN, INCLUDING ANY ACCOMPANYING SCHEDULES AND STATEMENTS. I FURTHER CERTIFY THAT ALL STATEMENTS AND OTHER INFORMATION PROVIDED ON AND WITH THIS RETURN ARE TRUE, CORRECT, AND COMPLETE.

Signature: \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_

## **2010 SAINT PATRICK'S DAY INFORMATION FIXED LOCATION VENDORS**

A fixed location vendor operates a booth, stand or cart from one designated area. These vendors are issued a business tax certificate to a designated area and are only permitted to operate from that particular area.

REQUIREMENTS FOR FIXED LOCATION VENDORS ARE AS FOLLOW:

### **1- PRIVATE PROPERTY LETTER OF CONSENT**

A LETTER OF CONSENT ON BUSINESS LETTERHEAD MUST BE OBTAINED FROM THE PROPERTY OWNER GRANTING PERMISSION TO OPERATE FROM THEIR PRIVATE PROPERTY LOCATION. VENDING SITE MUST BE LOCATED ON PRIVATE PROPERTY. PUBLIC STREETS, SIDEWALKS AND WALKWAYS ARE NOT PERMITTED USE.

### **2 - ZONING APPROVAL**

**ALL FIXED LOCATION VENDORS MUST BE APPROVED BY THE CITY OF SAVANNAH ZONING/INSPECTIONS DEPARTMENT TO OPERATE AS A VENDOR FROM ANY PRIVATE PROPERTY LOCATION.**

ONCE A LOCATION HAS BEEN APPROVED BY ZONING, THEY WILL PROVIDE A NOTICE OF APPROVAL. THE ZONING DEPARTMENT CAN BE CONTACTED AT (912)651-6530 OR 5515 ABERCORN STREET.

### **3 - BUSINESS TAX RETURN**

A BUSINESS TAX RETURN MUST BE SUBMITTED, **ALONG WITH A GOVERNMENT ISSUED PICTURE I.D.**, IN ADDITION TO THE ABOVE MENTIONED DOCUMENTS TO THE CITY OF SAVANNAH-REVENUE DEPARTMENT. TAX CERTIFICATES WILL BE ISSUED BEGINNING MONDAY, MARCH 15, 2010.

**AN ADDITIONAL \$100.00 REGULATORY FEE WILL BE CHARGED TO ALL VENDORS WHO ARE CHATHAM COUNTY RESIDENTS.**

**IF PREPARED FOOD IS BEING SOLD, A FOOD PERMIT ISSUED BY THE CHATHAM COUNTY HEALTH DEPARTMENT MUST ACCOMPANY THE ABOVE LETTERS AND APPLICATION.**

CHATHAM COUNTY HEALTH DEPARTMENT (912) 356-2160